

Express Mail Label No. EV 517931176US Docket No. 57119

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT:

T. Chodacki et al.

SERIAL NO.:

10/700,339

GROUP:

1752

FILED:

November 3, 2003

EXAMINER: J. Yeung

FOR:

SYSTEM, APPARATUS AND METHOD FOR CONTROLLING

IGNITION INCLUDING RE-IGNITION OF GAS AND GAS-FIRED

APPLIANCES USING SAME

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

AMENDMENT

Applicants are in receipt of the Office Action dated August 26, 2004. Please amend the above-identified application as follows.

A listing of pending claims begins on page 2 of this paper.

Remarks begin on page 8 of this paper.

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Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 **CLAIMS AS FILED - PART I** OTHER THAN SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) TYPE [**TOTAL CLAIMS** 2 FEE RATE FEE RATE OR BASIC FEE BASIC FEE 385.00 770.00 NUMBER EXTRA FOR NUMBER FILED TOTAL CHARGEABLE CLAIMS minus 20= XS 9= .X\$18= ORI \emptyset INDEPENDENT CLAIMS minus 3 = X43= X86= OR MULTIPLE DEPENDENT CLAIM PRESENT +290= +145= OR If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR TOTAL OTHER THAN AIMS AS AMENDED - PART II SMALL ENTITY SMALL ENTITY OR (Column 3) (Column 1) (Column 2) CLAIMS HIGHEST ADDI-ADDI-NUMBER 4 REMAINING PRESENT RATE TIONAL RATE TIONAL **PREVIOUSLY** AFTER **EXTRA** FEE FEE AMENDMENT PAID FOR 띪 -20 0 XS18= Minus XS 9= Total OR 100.00 X86= <u>.... उ</u> = 2 Minus Independent X43 =400,00 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +290= +145= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 2) (Column 3) (Column 1) CLAIMS HIGHEST ADDI-ADDI-0 **PEMAINING** NUMBER PRESENT TIONAL TIONAL RATE RATE MENT **PREVIOUSLY** AFTER **EXTRA** FEE FEE AMENDMENT PAID FOR Total Minus X\$18= END XS 9= OR Independent Minus X86= X43= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +290= -145= OR CTAL OR ADDIT, FEE ADDIT FEE (Column 3) (Column 1) (Column 2) -1GHE51 ADDI-ADDI-O REMAINING NUMBER PRESENT TIONAL RATE TIONAL RATE **AMENDMENT AFTER PREVIOUSLY EXTRA AMENDMENT** PAID FOR FEE FEE Total Minus XS18= XS 9= OR Minus Independent X86= X43 =OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +290= +145= OR

OR

ADDIT FEE

TOTAL

ADDIT, FEE

If the entry in column 1 is less than the entry in column 2, write 101 in column 3

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column.)

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."